

Fill in this information to identify your case and this filing:

Debtor 1	MICHAEL	GLENN	STRANG
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of MONTANA			
Case number	2:24-BK-20030		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 **MOTEL & RV PARK**

Street address, if available, or other description

111 BAILEY STREET

LIMA, MT 59739

City State ZIP Code

BEAVERHEAD

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$517,176.00

Current value of the portion you own?

\$517,176.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

EQUITABLE TITLE AS PURCHASER UNDER CONTRACT FOR DEED

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Source of Value: **MT CADASTRAL**

If you own or have more than one, list here:

1.2 **1996 CHAMPION MOBILE HOME - SELLING ON CONTRACT**Street address, if available, or other description
7611 N 101ST PLZCity State ZIP Code
OMAHA, NE 68122County
DOUGLAS**What is the property? Check all that apply.**

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?\$20,000.00**Current value of the portion you own?**\$20,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

JOINT TENANCY

- Check if this is community property (see instructions)
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:SOLD FOR \$20,000 (\$10,000 DOWN WITH PAYMENTS ON \$10,000 BALANCE DUE OVER 7 YEARS)**Source of Value: DEBTOR****What is the property? Check all that apply.**

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?\$40,000.00**Current value of the portion you own?**\$40,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

JOINT TENANCY

- Check if this is community property (see instructions)
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____**Source of Value: DEBTOR**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here →

\$577,176.00**Part 2: Describe Your Vehicles****Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No
 Yes

3.1 Make:	<u>CHEVROLET</u>	Who has an interest in the property? Check one.		
Model:	<u>TRAVERSE</u>	<input type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Year:	<u>2023</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>9000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input checked="" type="checkbox"/> Check if this is community property (see instructions)			
		<input type="checkbox"/>	Current value of the entire property?	Current value of the portion you own?
		\$46,360.00	\$23,180.00	

If you own or have more than one, describe here:

3.2 Make:	<u>FORD</u>	Who has an interest in the property? Check one.		
Model:	<u>EXPEDITION</u>	<input type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Year:	<u>1999</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>150000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> Check if this is community property (see instructions)			
		Current value of the entire property?	Current value of the portion you own?	
		\$1,968.00	\$984.00	

3.3 Make:	<u>GMC</u>	Who has an interest in the property? Check one.		
Model:	<u>2500 PICKUP</u>	<input type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Year:	<u>1995</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>200000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> Check if this is community property (see instructions)			
		Current value of the entire property?	Current value of the portion you own?	
		\$1,735.00	\$867.50	

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

4.1 Make:	<u>WINNEBAGO</u>	Who has an interest in the property? Check one.		
Model:	<u>LE</u>	<input type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Year:	<u>1985</u>	<input type="checkbox"/> Debtor 2 only		
Other information:	<input type="checkbox"/> Check if this is community property (see instructions)			
		Current value of the entire property?	Current value of the portion you own?	
		\$6,000.00	\$3,000.00	

If you own or have more than one, list here:

4.2 Make:	<u>INTERSTATE</u>	Who has an interest in the property? Check one.		
Model:	<u>VICT510SAFS</u>	<input type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Year:	<u>2021</u>	<input type="checkbox"/> Debtor 2 only		
Other information:	<input checked="" type="checkbox"/> At least one of the debtors and another		Current value of the entire property?	Current value of the portion you own?
	<input type="checkbox"/> Check if this is community property (see instructions)		<u>\$8,000.00</u>	<u>\$4,000.00</u>
VIN: 4RAVS1019MN116091				

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here → **\$32,031.50**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?			Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and furnishings	<p>Examples: Major appliances, furniture, linens, china, kitchenware</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Describe. <u>SEE ATTACHED.</u> <u>\$4,473.78</u></p>		
7. Electronics	<p>Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Describe. <u>SEE ATTACHED.</u> <u>\$2,100.00</u></p>		
8. Collectibles of value	<p>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Describe.</p>		
9. Equipment for sports and hobbies	<p>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Describe.</p>		
10. Firearms	<p>Examples: Pistols, rifles, shotguns, ammunition, and related equipment</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Describe.</p>		

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.

CLOTHING - SELF

\$500.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.

WEDDING RING

\$200.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →

\$7,273.78

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes

Cash: \$30.00

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes

Institution name:

17.1. Checking account:	THE BANK OF COMMERCE - EST VALUE ACCOUNT NUMBER: 9065	\$1,348.76
17.2. Checking account:	THE BANK OF COMMERCE (BUSINESS ACCOUNT) - EST VALUE ACCOUNT NUMBER: 3191	\$4,068.11
17.3. Checking account:	WELLS FARGO - EST VALUE ACCOUNT NUMBER: 8349	\$532.87

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

MOUNTAIN VIEW MOTEL & RV PARK, LLC 50.00% UNKNOWN**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account:

Institution name:

Pension plan: US BANK - OMAHA PUBLIC POWER UNKNOWN

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them.

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them.

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them.

PUBLIC ACCOMMODATIONS AND CAMPGROUND

\$140.00

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

POTENTIAL TAX REFUNDS AND CREDITS
POTENTIAL TAX REFUNDS AND CREDITS

Federal: UNKNOWN
State: UNKNOWN
Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.

	Alimony: _____
	Maintenance: _____
	Support: _____
	Divorce settlement: _____
	Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.

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31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:
_____	_____	_____
_____	_____	_____
_____	_____	_____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.

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33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.

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34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

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35. Any financial assets you did not already list No Yes. Give specific information.

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36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →\$6,119.74**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.

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39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.

OFFICE EQUIPMENT, FURNISHING AND SUPPLIES	UNKNOWN
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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe.

MOTEL FURNISHINGS AND PERSONAL PROPERTY	UNKNOWN
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41. Inventory No Yes. Describe

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42. Interests in partnerships or joint ventures No Yes. Describe

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe

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44. Any business-related property you did not already list No Yes. Give specific
information

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached
for Part 5. Write that number here**

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47.

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes

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48. Crops—either growing or harvested No Yes. Give specific information.

--	--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes

--	--

50. Farm and fishing supplies, chemicals, and feed No Yes

--	--

51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.

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52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$0.00

Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2**

\$577,176.00

56. Part 2: Total vehicles, line 5

\$32,031.50

57. Part 3: Total personal and household items, line 15

\$7,273.78

58. Part 4: Total financial assets, line 36

\$6,119.74

59. Part 5: Total business-related property, line 45	<u>\$0.00</u>
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>
61. Part 7: Total other property not listed, line 54	<u>+ \$0.00</u>
62. Total personal property. Add lines 56 through 61.	<u>\$45,425.02</u>
	Copy personal property total → <u>+ \$45,425.02</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62.	<u>\$622,601.02</u>

Continuation Page

6.	Household goods and furnishings	
	<u>BEDROOM FURNITURE: BEDS</u> <input type="checkbox"/> <u>DRESSERS</u> <input type="checkbox"/> <u>NIGHT STANDS</u> <input type="checkbox"/> <u>LAMPS</u> <input type="checkbox"/>	<u>\$500.00</u>
	<u>DINING ROOM FURNITURE: CHAIRS</u> <input type="checkbox"/> <u>TABLES</u> <input type="checkbox"/>	<u>\$500.00</u>
	<u>HAND TOOLS: CARPENTER</u> <input type="checkbox"/> <u>MECHANICS</u> <input type="checkbox"/> <u>TOOL BOXES</u>	<u>\$200.00</u>
	<u>KITCHEN APPLIANCES: REFRIGERATOR</u> <input type="checkbox"/> <u>FREEZER</u> <input type="checkbox"/> <u>DISHWASHER</u> <input type="checkbox"/> <u>MICROWAVE</u> <input type="checkbox"/> <u>RANGE/OVEN</u> <input type="checkbox"/>	<u>\$500.00</u>
	<u>KITCHEN FURNITURE: CHAIRS</u> <input type="checkbox"/>	<u>\$50.00</u>
	<u>LIVING ROOM FURNITURE: CHAIRS</u> <input type="checkbox"/> <u>COUCH</u> <input type="checkbox"/> <u>LAMPS</u> <input type="checkbox"/> <u>TABLES</u> <input type="checkbox"/> <u>RUGS</u> <input type="checkbox"/> <u>END TABLES</u> <input type="checkbox"/> <u>ENTERTAINMENT CENTER</u> <input type="checkbox"/>	<u>\$1,000.00</u>
	<u>NEBRASKA ELECTRONICS & FURNISHINGS</u>	<u>\$1,223.78</u>
	<u>OTHER HOUSEHOLD ITEMS: SEWING MACHINE</u> <input type="checkbox"/> <u>EVERYDAY DISHES</u> <input type="checkbox"/> <u>BARBEQUES</u> <input type="checkbox"/> <u>LAWNMOWERS</u> <input type="checkbox"/> <u>SATELLITE DISH</u> <input type="checkbox"/> <u>LAWN & GARDENING TOOLS</u> <input type="checkbox"/>	<u>\$300.00</u>
	<u>POWER TOOLS: CHAINSAW</u> <input type="checkbox"/> <u>DRILL</u> <input type="checkbox"/>	<u>\$200.00</u>
7.	Electronics	
	<u>CELL PHONE(S)</u>	<u>\$1,000.00</u>
	<u>COMPUTER AND ACCESSORIES</u>	<u>\$700.00</u>
	<u>TELEVISION(S)</u>	<u>\$400.00</u>

Fill in this information to identify your case:

Debtor 1	MICHAEL	GLENN	STRANG
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA		
Case number (if known)	2:24-BK-20030		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
1. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 1991 HUNTINGTON MOBILE HOME - RESIDENCE 7615 N 101ST PLZ OMAHA, NE 68122	\$40,000.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. §§ 70-32-104, 105, & 25-13-615 _____
Line from Schedule A/B: 1.2			_____
Brief description: 2023 CHEVROLET TRAVERSE VIN: 1GNEVKWXPJ254928	\$23,180.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(2) _____
Line from Schedule A/B: 3.1			_____

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1

MICHAEL**GLENN****STRANG**

First Name

Middle Name

Last Name

Case number (if known) 2:24-BK-20030**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: LIVING ROOM FURNITURE: CHAIRS <input type="checkbox"/> COUCH <input type="checkbox"/> LAMPS <input type="checkbox"/> TABLES <input type="checkbox"/> RUGS <input type="checkbox"/> END TABLES <input type="checkbox"/> ENTERTAINMENT CENTER <input type="checkbox"/>	\$1,000.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			
Brief description: BEDROOM FURNITURE: BEDS <input type="checkbox"/> DRESSERS <input type="checkbox"/> NIGHT STANDS <input type="checkbox"/> LAMPS <input type="checkbox"/>	\$500.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			
Brief description: DINING ROOM FURNITURE: CHAIRS <input type="checkbox"/> TABLES <input type="checkbox"/>	\$500.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			
Brief description: KITCHEN FURNITURE: CHAIRS <input type="checkbox"/>	\$50.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			
Brief description: KITCHEN APPLIANCES: REFRIGERATOR <input type="checkbox"/> FREEZER <input type="checkbox"/> DISHWASHER <input type="checkbox"/> MICROWAVE <input type="checkbox"/> RANGE/OVEN <input type="checkbox"/>	\$500.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			
Brief description: OTHER HOUSEHOLD ITEMS: SEWING MACHINE <input type="checkbox"/> EVERYDAY DISHES <input type="checkbox"/> BARBECUES <input type="checkbox"/> LAWNMOWERS <input type="checkbox"/> SATELLITE DISH <input type="checkbox"/> LAWN & GARDENING TOOLS <input type="checkbox"/>	\$300.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			
Brief description: HAND TOOLS: CARPENTER <input type="checkbox"/> MECHANICS <input type="checkbox"/> TOOL BOXES	\$200.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>POWER TOOLS: CHAINSAW</u> <input type="checkbox"/> <u>DRILL</u> <input type="checkbox"/>	\$200.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>NEBRASKA ELECTRONICS & FURNISHINGS</u>	\$1,223.78	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>6</u>			
Brief description: <u>TELEVISION(S)</u>	\$400.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>COMPUTER AND ACCESSORIES</u>	\$700.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>CELL PHONE(S)</u>	\$1,000.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>CLOTHING - SELF</u>	\$500.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>11</u>			
Brief description: <u>WEDDING RING</u>	\$200.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____
Line from Schedule A/B: <u>12</u>			
Brief description: <u>CASH</u>	\$30.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-608(1)(B) _____
Line from Schedule A/B: <u>16</u>			

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>THE BANK OF COMMERCE - EST VALUE CHECKING ACCOUNT ACCT. NO.: 9065</u>	\$1,348.76	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-608(1)(B) _____
Line from Schedule A/B: <u>17</u>			
Brief description: <u>WELLS FARGO - EST VALUE CHECKING ACCOUNT ACCT. NO.: 8349</u>	\$532.87	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-608(1)(B) _____
Line from Schedule A/B: <u>17</u>			
Brief description: <u>US BANK - OMAHA PUBLIC POWER</u>	UNKNOWN	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 19-2-1004 _____
Line from Schedule A/B: <u>21</u>			
Brief description: <u>PUBLIC ACCOMMODATIONS AND CAMPGROUND</u>	\$140.00	<input checked="" type="checkbox"/> \$140.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(3) _____
Line from Schedule A/B: <u>27</u>			
Brief description: <u>OFFICE EQUIPMENT, FURNISHING AND SUPPLIES</u>	UNKNOWN	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(3) _____
Line from Schedule A/B: <u>39</u>			
Brief description: <u>MOTEL FURNISHINGS AND PERSONAL PROPERTY</u>	UNKNOWN	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(3) _____
Line from Schedule A/B: <u>40.1</u>			

Fill in this information to identify your case:

Debtor 1	MICHAEL	GLENN	STRANG
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>MONTANA</u>			
Case number (if known) <u>2:24-BK-20030</u>			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	BEAVERHEAD COUNTY TREASURER	Describe the property that secures the claim:	\$3,300.00	\$517,176.00	\$0.00
Creditor's Name		MOTEL & RV PARK 111 BAILEY STREET LIMA, MT 59739			
Number	Street	As of the date you file, the claim is: Check all that apply.			
DILLON, MT 59725-2631		<input type="checkbox"/> Contingent			
City	State	<input type="checkbox"/> Unliquidated			
ZIP Code		<input type="checkbox"/> Disputed			
Who owes the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred	2019-23	Last 4 digits of account number	1	4	9
Remarks: Lots 5-8					
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$3,300.00</u>					

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
2.2	BEAVERHEAD COUNTY TREASURER			Describe the property that secures the claim: <u>MOTEL & RV PARK</u> <u>111 BAILEY STREET LIMA, MT 59739</u>		
				<u>\$15,000.00</u>	<u>\$517,176.00</u>	<u>\$0.00</u>
	Creditor's Name <u>102 N WASHINGTON ST</u>			As of the date you file, the claim is: Check all that apply.		
	Number Street			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<u>DILLON, MT 59725-2631</u>			Nature of lien. Check all that apply.		
	City	State	ZIP Code	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
	Who owes the debt? Check one.			<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim relates to a community debt					
	Date debt was incurred	<u>2020-23</u>	Last 4 digits of account number	<u>1 4 9 4</u>		
	Remarks: Lots 8-12					
2.3	HIGH PEAKS FED CR UN			Describe the property that secures the claim: <u>2023 CHEVROLET TRAVERSE</u>		
	Creditor's Name <u>222 S PACIFIC ST</u>			<u>\$50,221.00</u>	<u>\$23,180.00</u>	<u>\$27,041.00</u>
	Number Street			As of the date you file, the claim is: Check all that apply.		
	<u>DILLON, MT 59725</u>			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	City	State	ZIP Code	Nature of lien. Check all that apply.		
	Who owes the debt? Check one.			<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim relates to a community debt			<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>AUTOLOAN</u>		
	Date debt was incurred	<u>6/23/2023</u>	Last 4 digits of account number	<u>0 0 0 1</u>		
	Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$65,221.00</u>					
	If this is the last page of your form, add the dollar value totals from all pages. Write that number here:					

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
2.4	<u>KATHRYN WALKUP</u>	Describe the property that secures the claim:		<u>\$133,339.87</u>	<u>\$517,176.00</u>	<u>\$0.00</u>
Creditor's Name <u>211 GROSH AVE</u>		MOTEL & RV PARK 111 BAILEY STREET LIMA, MT 59739				
Number	Street					
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____						
<input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred	<u>3/1/2004</u>	Last 4 digits of account number	_____			
Remarks: Contract for Deed (was with Ted & Mary Wilson, who have passed away)						
2.5	<u>NEBRASKA FURNITURE MART</u>	Describe the property that secures the claim:		<u>\$1,982.02</u>	<u>\$1,223.78</u>	<u>\$758.24</u>
Creditor's Name <u>5600 NEBRASKA FURNITURE MART DR 08444</u>		NEBRASKA ELECTRONICS & FURNISHINGS				
Number	Street					
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>PURCHASE MONEY SECURITY INTEREST</u>						
<input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred	<u>2022-23</u>	Last 4 digits of account number	<u>6</u>	<u>R</u>	<u>E</u>	<u>V</u>
Remarks: Proof of Claim #1						
Add the dollar value of your entries in Column A on this page. Write that number here:				<u>\$135,321.89</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				<u>\$203,842.89</u>		

Debtor 1 **MICHAEL GLENN STRANG** Case number (if known) 2:24-BK-20030
First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<p>1. <u>TFSS</u></p> <p>Name <u>LONG TERM ESCROW ACCT. 10900100012139</u></p> <p>PO BOX 339</p> <p>Number Street <u>BLACKFOOT, ID 83221-0339</u></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.4</u></p> <p>Last 4 digits of account number <u> 2 1 3 9 </u></p>
<p>2. <u>TRENT BAKER, ESQ.</u></p> <p>Name <u>201 W MAIN ST STE 201</u></p> <p>Number Street <u>MISSOULA, MT 59802-4326</u></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.4</u></p> <p>Last 4 digits of account number <u> </u></p>

Fill in this information to identify your case:

Debtor 1	MICHAEL	GLENN	STRANG
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>MONTANA</u>			
Case number <u>2:24-BK-20030</u> (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	IRS Priority Creditor's Name PO BOX 7346 Number Street PHILADELPHIA, PA 19101-7346 City State ZIP Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of PRIORITY unsecured claim: Is the claim subject to offset? Remarks: 2022 & 2023 RETURNS TO BE FILED	UNKNOWN	UNKNOWN \$0.00

2.1 IRS
Priority Creditor's Name
PO BOX 7346
Number Street
PHILADELPHIA, PA 19101-7346
City State ZIP Code

Last 4 digits of account number _____
When was the debt incurred? 2022-23

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

Remarks: 2022 & 2023 RETURNS TO BE FILED

Part 1: **Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.2</u>	<u>MT DEPARTMENT OF REVENUE</u>	Last 4 digits of account number	_____	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>\$0.00</u>
Priority Creditor's Name		When was the debt incurred?	_____			
<u>BANKRUPTCY UNIT</u>			<u>2022-23</u>			
<u>PO BOX 7701</u>		As of the date you file, the claim is: Check all that apply.				
Number	Street	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<u>HELENA, MT 59604-7701</u>		City	State	ZIP Code		
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Remarks: 2022 & 2023 RETURNS TO BE FILED						
<u>2.3</u>	<u>MT DEPARTMENT OF REVENUE</u>	Last 4 digits of account number	_____	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>\$0.00</u>
Priority Creditor's Name		When was the debt incurred?	_____			
<u>BANKRUPTCY UNIT</u>			<u>2021-24</u>			
<u>PO BOX 7701</u>		As of the date you file, the claim is: Check all that apply.				
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<u>HELENA, MT 59604-7701</u>		City	State	ZIP Code		
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Remarks: LODGING TAX RETURNS NEED TO BE FILED						

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	CAPITAL ONE	\$7,121.00
Nonpriority Creditor's Name PO BOX 31293		Last 4 digits of account number <u>8 7 0 5</u>
Number	Street	When was the debt incurred? <u>2/21/2007</u>
<u>SALT LAKE CITY, UT 84131</u>		As of the date you file, the claim is: Check all that apply.
City	State	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDITCARD</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.2	CREDIT ONE BANK NA	\$2,229.00
Nonpriority Creditor's Name PO BOX 98875		Last 4 digits of account number <u>1 2 5 4</u>
Number	Street	When was the debt incurred? <u>12/17/2019</u>
<u>LAS VEGAS, NV 89193</u>		As of the date you file, the claim is: Check all that apply.
City	State	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDITCARD</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.3 <u>LENDR.ONLINE</u>	Nonpriority Creditor's Name <u>670 N CLARK ST FL 2</u>	Last 4 digits of account number ____-____-____-____	\$33,906.14
Number Street		When was the debt incurred? <u>12/07/2023</u>	
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
CHICAGO, IL 60654-3736			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUSINESS DEBT</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks: PROOF OF CLAIM #2			
4.4 <u>NISSAN-INFINITI LT</u>	Nonpriority Creditor's Name <u>8900 FREEPORT PKWY</u>	Last 4 digits of account number <u>4 6 7 4</u>	\$747.00
Number Street		When was the debt incurred? <u>12/13/2012</u>	
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
IRVING, TX 75063			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>AUTOLEASE</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.5 <u>SYNCB/CARE CREDIT</u>	Nonpriority Creditor's Name 950 FORRER BLVD	Last 4 digits of account number When was the debt incurred?	<u>7 0 5 5</u> <u>6/29/2022</u>	\$4,386.00
Number Street	As of the date you file, the claim is: Check all that apply.			
<u>KETTERING, OH 45420</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City State ZIP Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CHARGEACCOUNT</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.6 <u>U.S. SMALL BUSINESS ADMINISTRATION</u>	Nonpriority Creditor's Name 10 W 15TH ST SUITE 1100	Last 4 digits of account number When was the debt incurred?	<u>7 9 0 9</u> <u>2021</u>	\$0.00
Number Street	As of the date you file, the claim is: Check all that apply.			
<u>HELENA, MT 59626</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUSINESS DEBT</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Remarks: CHARGED-OFF COVID-19 EIDL FOR \$85,000				

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. U.S. ATTORNEY - BK NOTICES On which entry in Part 1 or Part 2 did you list the original creditor?

Name

U.S. COURT HOUSE

2601 SECOND AVE NORTH BOX 3200

Number Street

BILLINGS, MT 59101

City

State

ZIP Code

Line 4.6 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$48,389.14</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$48,389.14</u>

Fill in this information to identify your case:

Debtor 1	MICHAEL	GLENN	STRANG
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA		
Case number (if known)	2:24-BK-20030		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1	Name			
	Number	Street		
	City	State	ZIP Code	
2.2	Name			
	Number	Street		
	City	State	ZIP Code	
2.3	Name			
	Number	Street		
	City	State	ZIP Code	
2.4	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>MICHAEL</u>	<u>GLENN</u>	<u>STRANG</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>MONTANA</u>			
Case number <u>2:24-BK-20030</u> (if known)			

Check if this is an amended filing

OFFICIAL FORM 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 MOUNTAIN VIEW MOTEL & RV PARK

Name
PO BOX 277
Number Street
LIMA, MT 59739-0277
City State ZIP Code

Schedule D, line _____

Schedule E/F, line 4.3, 4.6

Schedule G, line _____

3.2 STRANG, CONNIE

Name
111 E BAILEY ST
Number Street
LIMA, MT 59739
City State ZIP Code

Schedule D, line 2.4

Schedule E/F, line 2.1, 2.2, 4.6

Schedule G, line _____

Debtor 1 **MICHAEL GLENN STRANG** Case number (if known) 2:24-BK-20030
First Name Middle Name Last Name

[REDACTED] Additional Page to List More Codebtors

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
Check all schedules that apply:	
3.3 <u>STRANG, MICHELLE</u> Name <u>807 MADISON ST</u> Number Street <u>FORT CALHOUN, NE 68023-3517</u> City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.4</u> <input type="checkbox"/> Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	MICHAEL	GLENN	STRANG
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA		
Case number (if known)	2:24-BK-20030		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106l

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse		
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed		
Occupation	MOTEL & RV PARK MANAGER			
Employer's name	SELF-EMPLOYED			
Employer's address	Number Street	Number Street		
	_____	_____		
	_____	_____		
MT	City	State Zip Code	City	State Zip Code
How long employed there?	20 YEARS		_____	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. _____ \$0.00	_____ \$0.00
3. Estimate and list monthly overtime pay.	3. + _____ \$0.00	+ _____ \$0.00
4. Calculate gross income. Add line 2 + line 3.	4. _____ \$0.00	_____ \$0.00

Copy line 4 here.....→

5. List all payroll deductions:

5a. **Tax, Medicare, and Social Security deductions**

5b. **Mandatory contributions for retirement plans**

5c. **Voluntary contributions for retirement plans**

5d. **Required repayments of retirement fund loans**

5e. **Insurance**

5f. **Domestic support obligations**

5g. **Union dues**

5h. **Other deductions.** Specify: _____

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

8. List all other income regularly received:

8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

For Debtor 1

For Debtor 2 or non-filing spouse

4. _____ \$0.00 _____ \$0.00

5a. _____ \$0.00 _____ \$0.00

5b. _____ \$0.00 _____ \$0.00

5c. _____ \$0.00 _____ \$0.00

5d. _____ \$0.00 _____ \$0.00

5e. _____ \$0.00 _____ \$0.00

5f. _____ \$0.00 _____ \$0.00

5g. _____ \$0.00 _____ \$0.00

5h. + _____ \$0.00 + _____ \$0.00

6. _____ \$0.00 _____ \$0.00

7. _____ \$0.00 _____ \$0.00

8b. **Interest and dividends**

8a. _____ \$500.00 _____ \$0.00

8b. _____ \$0.00 _____ \$0.00

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. _____ \$0.00 _____ \$0.00

8d. **Unemployment compensation**

8d. _____ \$0.00 _____ \$0.00

8e. **Social Security**

8e. _____ \$504.00 _____ \$791.00

8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. _____ \$0.00 _____ \$0.00

8g. **Pension or retirement income**

8g. _____ \$1,854.13 _____ \$0.00

8h. **Other monthly income.** Specify: NEBRASKA MOBILE HOME
SALE

8h. + _____ \$0.00 + _____ \$141.34

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. _____ \$2,858.13 _____ \$932.34

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse

10. _____ \$2,858.13 + _____ \$932.34 = _____ \$3,790.47

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. + _____ \$0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. _____ \$3,790.47

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Debtor 1

MICHAEL	GLENN	STRANG
First Name	Middle Name	Last Name

Case number (if known) 2:24-BK-20030

8a. Attached Statement

BUSINESS INCOME

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$11,500.00</u>
--------------------------	--------------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$0.00</u>
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>
4. Payroll Taxes	<u>\$0.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$0.00</u>
8. Inventory Purchases (Including raw materials)	<u>\$0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$0.00</u>
12. Office Expenses and Supplies	<u>\$0.00</u>
13. Repairs and Maintenance	<u>\$0.00</u>
14. Vehicle Expenses	<u>\$0.00</u>
15. Travel and Entertainment	<u>\$0.00</u>
16. Equipment Rental and Leases	<u>\$0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>\$0.00</u>
18. Insurance	<u>\$0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	<u></u>
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses Estimated until tax returns are filed	<u>\$11,000.00</u>
TOTAL OTHER EXPENSES	<u>\$11,000.00</u>
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$11,000.00</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)	<u>\$500.00</u>
--	-----------------

Fill in this information to identify your case:

Debtor 1	MICHAEL	GLENN	STRANG
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA		
Case number (if known)	2:24-BK-20030		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:
MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

	<input checked="" type="checkbox"/> No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/>	Yes. Fill out this information for each dependent.....		<input type="checkbox"/> No. <input type="checkbox"/> Yes.
Do not state the dependents' names.				<input type="checkbox"/> No. <input type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. _____ \$0.00

If not included in line 4:

- 4a. Real estate taxes _____ \$0.00
4b. Property, homeowner's, or renter's insurance _____ \$0.00
4c. Home maintenance, repair, and upkeep expenses _____ \$50.00
4d. Homeowner's association or condominium dues _____ \$0.00

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. _____ \$0.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$150.00
6b.	Water, sewer, garbage collection	6b. _____ \$45.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$85.00
6d.	Other. Specify: _____	6d. _____ \$0.00
7.	Food and housekeeping supplies	7. _____ \$800.00
8.	Childcare and children's education costs	8. _____ \$0.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$50.00
10.	Personal care products and services	10. _____ \$20.00
11.	Medical and dental expenses	11. _____ \$0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$400.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$100.00
14.	Charitable contributions and religious donations	14. _____ \$0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$0.00
15b.	Health insurance	15b. _____ \$150.00
15c.	Vehicle insurance	15c. _____ \$118.00
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>LAND TAXES</u>	16. _____ \$500.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. _____ \$711.00
17b.	Car payments for Vehicle 2	17b. _____ \$0.00
17c.	Other. Specify: _____	17c. _____ \$0.00
17d.	Other. Specify: _____	17d. _____ \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$100.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$46.67
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$100.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

Debtor 1

MICHAEL	GLENN	STRANG
First Name	Middle Name	Last Name

Case number (if known) 2:24-BK-2003021. Other. Specify: LOT RENT FOR NEBRASKA HOME21. + \$98.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$3,523.67

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$3,523.67

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$3,790.47

23b. Copy your monthly expenses from line 22c above.

23b. - \$3,523.67

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. \$266.80

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No.

NONE

 Yes.

Fill in this information to identify your case:

Debtor 1	MICHAEL First Name	GLENN Middle Name	STRANG Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA		
Case number (if known)	2:24-BK-20030		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$577,176.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$45,425.02
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$622,601.02

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>		\$203,842.89
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+	\$48,389.14
		Your total liabilities
		\$252,232.03

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>		\$3,790.47
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>		\$3,523.67

Debtor 1

MICHAEL GLENN STRANG
First Name Middle Name Last Name

Case number (if known) 2:24-BK-20030

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) +

9g. Total. Add lines 9a through 9f.

Fill in this information to identify your case:

Debtor 1	<u>MICHAEL</u>	<u>GLENN</u>	<u>STRANG</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number (if known)	<u>2:24-BK-20030</u>		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /S/ MICHAEL GLENN STRANG
Michael Glenn Strang, Debtor 1

Date 03/29/2024
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	MICHAEL First Name	GLENN Middle Name	STRANG Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA		
Case number (if known)	2:24-BK-20030		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code	City State ZIP Code	City State ZIP Code	City State ZIP Code
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code	City State ZIP Code	City State ZIP Code	City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1

MICHAEL**GLENN****STRANG**

First Name

Middle Name

Last Name

Case number (if known) 2:24-BK-20030

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.
From January 1 of current year until the date you filed for bankruptcy: (January 1 to December 31, <u>2023</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$23,452.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$136,158.21	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$134,706.61	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. No Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
From January 1 of current year until the date you filed for bankruptcy: (January 1 to December 31, <u>2023</u>) YYYY	PENSION <u>\$6,282.60</u> SOCIAL SECURITY <u>\$2,036.10</u> SALE OF NE MOBILE HOME <u>\$300.00</u>	\$6,282.60 \$2,036.10 \$300.00	
For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY	PENSION <u>\$25,130.40</u> SOCIAL SECURITY <u>\$8,144.00</u> SALE OF NE MOBILE HOME <u>\$1,800.00</u>	\$25,130.40 \$8,144.00 \$1,800.00	
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	PENSION <u>\$25,130.40</u> SOCIAL SECURITY <u>\$8,144.00</u> SALE OF NE MOBILE HOME <u>\$1,800.00</u>	\$25,130.40 \$8,144.00 \$1,800.00	

Debtor 1

MICHAEL**GLENN****STRANG**

First Name

Middle Name

Last Name

Case number (if known) 2:24-BK-20030

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name			<input type="checkbox"/> Mortgage
Number Street			<input type="checkbox"/> Car
			<input type="checkbox"/> Credit card
			<input type="checkbox"/> Loan repayment
City	State	ZIP Code	<input type="checkbox"/> Suppliers or vendors
			<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name			
Number Street			
City	State	ZIP Code	

Debtor 1

MICHAELGLENNSTRANG

First Name

Middle Name

Last Name

Case number (if known) 2:24-BK-20030

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
<u>NEBRASKA FURNITURE MART</u> Insider's Name	<u>\$0.00</u>	<u>\$1,982.02</u>	CO-SIGNED HOUSEHOLD GOODS LOAN
Number Street <u>THE COLONY, TX 75056</u> City State ZIP Code			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
<u>Case title</u> _____ _____	<u>Court Name</u> _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<u>Case number</u> _____	<u>Number Street</u> _____ _____	<u>City</u> <u>State</u> <u>ZIP Code</u>

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Describe the property	Date	Value of the property
<u>Creditor's Name</u> _____	_____	_____
<u>Number Street</u> _____ _____	Explain what happened	
<u>City</u> <u>State</u> <u>ZIP Code</u>	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	

Debtor 1

MICHAEL GLENN STRANG

First Name Middle Name Last Name

Case number (if known) 2:24-BK-20030

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No Yes. Fill in the details.

Describe the action the creditor took			Date action was taken	Amount taken
City	State	ZIP Code	Last 4 digits of account number: XXXX-_____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value of the gifts
Person to Whom You Gave the Gift			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No Yes. Fill in the details for each gift or contribution.

Debtor 1

MICHAELGLENNSTRANG

First Name

Middle Name

Last Name

Case number (if known) 2:24-BK-20030
**Gifts or contributions to charities
that total more than \$600**
Describe what you contributed**Date you
contributed****Value**

Charity's Name

Number Street

City State ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No

 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No

 Yes. Fill in the details.

MORGAN LAW OFFICES	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	ATTORNEY'S FEE		
PO BOX 7638			
Number Street		3/28/2024	\$3,000.00
MISSOULA, MT 59807			
City			
State			
ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1

MICHAEL **GLENN** **STRANG**

First Name Middle Name Last Name

Case number (if known) 2:24-BK-20030

**ONLINE, SUMMIT CREDIT
COUNSELING**

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
CREDIT COUNSELING		03/01/2024	\$49.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
PRIVATE UNRELATED BUYERS	MOBILE HOME WORTH \$20,000 SOLD FOR \$10,000 AND \$10,000 MORE OVER 7 YEARS	1996 CHAMPION MOBILE HOME 7611 NO 101ST PLZ, OMAHA NE	UNKNOWN
Person Who Received Transfer			
Number Street			
OMAHA, NE 68122			
City State ZIP Code			
Person's relationship to you			
NONE			

Debtor 1

MICHAEL**GLENN****STRANG**

First Name

Middle Name

Last Name

Case number (if known) 2:24-BK-20030

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

 No Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX- _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	_____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

MICHAEL**GLENN****STRANG**

First Name

Middle Name

Last Name

Case number (if known) 2:24-BK-20030**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?** No Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number	Street	
	City	State ZIP Code	
City	State	ZIP Code	

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.** No Yes. Fill in the details.

Where is the property?		Describe the property	Value
Owner's Name	Number Street		
Number Street			
	City	State ZIP Code	
City	State	ZIP Code	

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?** No Yes. Fill in the details.

Debtor 1

MICHAEL GLENN STRANG

First Name Middle Name Last Name

Case number (if known) 2:24-BK-20030

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City	State ZIP Code	

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City	State ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street	
Case number	City State ZIP Code	

Debtor 1

MICHAEL GLENN STRANG

First Name Middle Name

Last Name

Case number (if known) 2:24-BK-20030

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

MOUNTAIN VIEW MOTEL & RV PARK

Name _____

Describe the nature of the business

MOTEL/RV PARK

**Employer Identification number
Do not include Social Security number or ITIN.**EIN: 0 4 - 3 6 8 7 4 8 7PO BOX 277

Number Street _____

LIMA, MT 59739-0277

City State ZIP Code _____

Name of accountant or bookkeeper**Dates business existed**From 2004 To _____**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No

Yes. Fill in the details below.

Date issued

Name _____

MM / DD / YYYY _____

Number Street _____

City State ZIP Code _____

Debtor 1 **MICHAEL GLENN STRANG**
First Name Middle Name Last Name Case number (if known) 2:24-BK-20030

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /S/ MICHAEL GLENN STRANG
Signature of Michael Glenn Strang, Debtor 1

Date 03/29/2024

Did you attach additional pages to your **Statement of Financial Affairs for Individuals Filing for Bankruptcy** (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).